Digitized by the Internet Archive
in 2009 with funding from
Ontario Council of University Libraries

http://www.archive.org/details/n03britishjournal20brit

L
7
. 20
o. 1
. 1
ERSTS

. 231.—Vol. XX, No. 1. [JANUARY, 1908.

THE BRITISH JOURNAL OF DERMATOLOGY

CONTENTS.

PAGE

NOTES OF A CASE OF CONGENITAL ICHTHYOSIS HYSTRIX LINEARIS OR HYSTRICISMUS (SYN.: ICHTHYOSIS CORNEA, NÆVUS VERRUCOSUS, VEL NÆVUS PAPILLARIS, VEL PAPILLOMA NEUROTICUM, ETC.) J. H. STOWERS, M.D. 1

A FURTHER NOTE ON THE ÆTIOLOGY OF INFANTILE ECZEMA. ARTHUR J. HALL, M.A., M.D.CANTAB., F.R.C.P. 4

ROYAL SOCIETY OF MEDICINE—DERMATOLOGICAL SECTION.—Case for diagnosis.—Vegetating granulomata on the face.—Favus of the scalp.—Bazin's disease (Erythema induratum).—"Keratosis follicularis associated with baldness."—Erythema induratum (Bazin).—Infective granuloma of the right cheek of septic origin 11

CURRENT LITERATURE—To the knowledge of Urticaria pigmentosa.—A case of lymphangiectasis with lymphorrhœa.—On the relation of the Spirochæta pallida to congenital syphilis.—A further contribution on linear eruptions.—Histological study on the presence of the Spirochæta pallida in tissues.—Multiple endothelioma of the scalp.—On Lichen albus, a previously undescribed affection.—On the treatment of cancer of the skin by the X-rays.—On Nævus anæmicus.—Folliculitis (sycosis) sclerotisans.—On Lupus erythematodes of the red portion of the lips and buccal mucosa.—On a new nodular eruption: Lichen nitidus.—Spirochætes in condyloma acuminatum.—Ten Cases of Mycosis fungoides, with remarks on the histology and Röntgen therapy of the disease.—On Lupus erythematodes in childhood.—The histological changes in Lupus vulgaris under Finsen-light treatment.—Multiple telangiectases of the skin and mucous membranes of the nose and mouth 18

REVIEWS—Light and X-ray Treatment of Skin-diseases.—Lehrbuch der Haut- und Geschlectskrankheiten.—Transactions of the German Dermatological Society: Ninth Congress.—Archiv für Dermatologie und Syphilis 30

, LONDON

H. K. LEWIS, 136, GOWER STREET, W.C.

PUBLISHED MONTHLY. PRICE TWO SHILLINGS.
ANNUAL SUBSCRIPTION, POST FREE, ONE GUINEA.

LIBRARY
JUL 26 2002
UNIVERSITY OF TORONTO

BRITISH JOURNAL OF DERMATOLOGY

Edited by J. M. H. MACLEOD.

The Editor will be glad to receive for publication in the Journal original papers on subjects bearing on Dermatology, clinical records of unusual cases, observations on treatment, and notes on the histology and pathology of the skin.

All Correspondence respecting Contributions and other Editorial Communications should be addressed to the EDITOR, 11, Harley Street, W.

All Communications respecting Advertisements should be addressed to the ADVERTISEMENT MANAGER, 30, Holborn, E.C.

Exchanges, Books for Review, and all Business Correspondence to be addressed to the PUBLISHER, H. K. LEWIS, 136, Gower Street, W.C.

BRITISH JOURNAL OF DERMATOLOGY.

Commencing with the January Number the price per copy is Two Shillings.

Annual Subscription, post free, One Guinea.

Subscriptions for 1908 (Vol. XX) are now due, and may be paid through a Bookseller or sent direct to the Publisher.

Binding Cases for 1907 (Vol. XIX) and back Volumes can be supplied, price 1s. 6d. each.

H. K. LEWIS, 136, Gower Street, London, W.C.

TRADE MARK

TRADE MARK.

PEBECOL

Beiersdorf's Chlorate of Potash Tooth-paste,

A cleansing material for the mouth and teeth, prepared according to the directions of Dr. P. G. UNNA, of Hamburg.

For many years prescribed regularly by medical men and dentists.

PEBECOL is specially recommended in cases of Stomatitis mercurialis, Fœtor ex ore, and absolutely indispensable for any other diseases of the oral cavity.

Guttapercha Plastermulls

(Pilot brand), according to Dr. P. G. UNNA

Medicated Plasters of most exact division and highest concentration on an impermeable layer of guttapercha.

Paraplasts, according to Dr. P. G. UNNA.

Impervious Rubber Plasters on skin-like underlayer, similar in use, indication, and composition to Guttapercha Plastermulls.

Salvemulls (Pilot brand), according to Dr. P. G. UNNA.

Ointment in most accurate doses, spread either on one or both sides of absorbent muslin, for treatment of secretory eczema.

Tricoplasts, according to Dr. E. ARNING.

Plasters spread on knitted web, an exceptionally pliant and permeable tissue for subacute or chronic eczema.

Medicated Superfatted Soaps

(Pilot brand), according to Drs. P. G. UNNA and P. J. EICHHOFF.

Most carefully made with fresh fat and best medicinal substances, the percentage of which is guaranteed.

THE ONLY GENUINE PREPARATIONS ACCORDING TO DR. P. G. UNNA.

Sample cases, list, and literature on application.

P. BEIERSDORF & CO.,

CHEMICAL WORKS,

HAMBURG. LONDON.

London Branch: 7 & 8, IDOL LANE, E.C.

The "Allenburys"

Medical Soaps.

The "Allenburys" Medical Soaps are manufactured by a special process which admits of the addition of the special medicaments without in any way altering the composition of the soap-base or of the added ingredients. By this method absolutely accurate admixture and percentage composition is insured. None of these advantages can be obtained by the ordinary methods of manufacture usually in vogue.

The following list of Soaps is submitted, some of which have already been in use for a considerable time, and their utility widely recognised.

Carbolic 5% and 10%
Ichthyol 2½% with Resorcin 1¼%
Ichthyol 5% with Sulphur 5%
Ichthyol 5% with Salicylic Acid 2½%
Ichthyol 5% and 10%
Iodoform 5%
Resorcin 2½%
Resorcin 1¼% with Sulphur 5%
Salicylic Acid 5% with Sulphur 10%
Sulphur 5% with Peru Balsam 2½%
Terebene 10%
Thymol 2½%

A full list of Medical Soaps and a sample tablet of any variety sent on request.

Allen & Hanburys, Ltd., Plough Court, Lombard St., London, E.C.

"Pellanthum"

THE NEW BASIS FOR SKIN MEDICAMENT (REG?)

A Water-Soluble, Protective, Skin Application

Successfully used in the treatment of

ECZEMA, PSORIASIS, LUPUS ERYTHEMATOSUS, ETC.

Practically a non-greasy ointment, drying rapidly and requiring no dressing or covering.

In addition to Plain "Pellanthum," which is suitably coloured to a **Skin Tint**, the following combinations are being extensively used:

"Pellanthum" SUPRARENALIN (for patches of Chronic Eczema).

"Pellanthum" Ichthyol 3%, 5%.
"Pellanthum" Ichthyol 5%, et Resorcin 2½%.
"Pellanthum" Acid. Salicylic 1%, 2%.
"Pellanthum" Carbonis Deterg., 10%, 15%.
"Pellanthum" Chrysarobin 3%.
"Pellanthum" Rusci 5%.

"Pellanthum" can be combined with all the ordinary Skin Medicaments. It is issued in collapsible tubes at 1/6, 2/6 and 4/-, and may be obtained through all wholesale firms or from the Manufacturers—

HANDFORD & DAWSON, Chemists, HARROGATE.

THE BRITISH
JOURNAL OF DERMATOLOGY.

JANUARY, 1908.

NOTES OF A CASE OF CONGENITAL ICHTHYOSIS HYSTRIX LINEARIS OR HYSTRICISMUS (*SYN.:* ICHTHYOSIS CORNEA, NÆVUS VERRUCOSUS, VEL NÆVUS PAPILLARIS, VEL PAPILLOMA NEUROTICUM, ETC.).

By J. H. STOWERS, M.D.

BRITISH JOURNAL OF DERMATOLOGY

Annual Subscription (post free),

ONE GUINEA.

SUBSCRIPTIONS FOR 1908 (VOL. XX) ARE NOW DUE, and may be paid through any Bookseller, or forwarded direct to the Publisher,—

H. K. LEWIS, 136, Gower Street, London, W.C.

Single Numbers, Two Shillings.

been made in former years by means of the knife, escharotics, etc.

So far as I could learn the disease, which in parts is characterised

The "Allenburys"

Medical Soaps.

The "Allenburys" Medical Soaps are manufactured by a special process which admits of the addition of the special medicaments without in any way altering the composition of the soap-base or of the added ingredients. By this method absolutely accurate admixture and percentage composition is insured. None of these advantages can be obtained by the ordinary methods of manufacture usually in vogue.

The following list of Soaps is submitted, some of which have already been in use for a considerable time, and their utility widely recognised.

Carbolic 5% and 10%
Ichthyol 2½% with Resorcin 1¼%
Ichthyol 5% with Sulphur 5%
Ichthyol 5% with Salicylic Acid 2½%
Ichthyol 5% and 10%
Iodoform 5%
Resorcin 2½%
Resorcin 1¼% with Sulphur 5%
Salicylic Acid 5% with Sulphur 10%
Sulphur 5% with Peru Balsam 2½%
Terebene 10%
Thymol 2½%

A full list of Medical Soaps and a sample tablet of any variety sent on request.

"Pellanthum" can be combined with all the ordinary Skin Medicaments. It is issued in collapsible tubes at 1/6, 2/6 and 4/-, and may be obtained through all wholesale firms or from the Manufacturers—

HANDFORD & DAWSON, Chemists, HARROGATE.

THE BRITISH
JOURNAL OF DERMATOLOGY.

JANUARY, 1908.

NOTES OF A CASE OF CONGENITAL ICHTHYOSIS HYSTRIX LINEARIS OR HYSTRICISMUS (*SYN.*: ICHTHYOSIS CORNEA, NÆVUS VERRUCOSUS, VEL NÆVUS PAPILLARIS, VEL PAPILLOMA NEUROTICUM, ETC.).

By J. H. STOWERS, M.D.

Physician, Skin-Department, the North-West London Hospital; Vice-President Dermatological Section Royal Society of Medicine.

At the Meeting of the Dermatological Society of Great Britain and Ireland held on February 27th, 1907, I exhibited an unusually marked case of the above-named disease, of which a brief notice appeared in this journal (vol. xix, No. 4, p. 126).

As carefully prepared coloured drawings have been made, it is desirable that a somewhat fuller account of the case should be published with illustrations.

The patient, a girl, aged 8 years and 4 months, is the younger of two children born of healthy parents. She was in a somewhat enfeebled condition of health, although well grown and nourished, and the subject of talipes varus, for which deformity she was taken to the City Orthopædic Hospital to be treated by my colleague, Mr. Jackson Clarke, through whose recommendation she was referred to me.

The lesions, which had slowly developed from the date of birth to the age of six years, had since undergone but little change, and there was no indication of spread or of new areas becoming involved.

Unsuccessful attempts at removal, however, of some of them had been made in former years by means of the knife, escharotics, etc.

So far as I could learn the disease, which in parts is characterised

by marked symmetry, developed upon the lower extremities and trunk before it appeared upon the arms, forearms, and hands.

When first seen by me the eruption existed upon the left shoulder (one small encrusted patch being upon the right shoulder only), the left side of the chest (in front near the axilla), the abdomen (left side)

and buttocks (chiefly the right, including the pudenda), both arms, forearms and hands, the left thigh, leg and foot.

The front and back of the chest and right lower extremity were practically free. The lesions themselves varied considerably in form, colour, and degree, but the papillary or verrucose character was very marked throughout.

The constituent elements of the eruption were papular, with or

To illustrate Dr. Stowers's Case of Congenital Ichthyosis hystrix linearis.

To illustrate Dr. Stowers's Case of Congenital Ichthyosis hystrix linearis.

To illustrate Dr. Stowers's Case of Congenital Ichthyosis hystrix linearis.

without scales. These increasing became more raised, exuberant and indurated outgrowths culminating in large warty developments and spiny prominences. Of these some were single and discrete, some multiple and massed together, while others were compressed into groups, the several corneous growths being separable at their extremities but attached to a coherent base.

In some parts normal skin could be seen between the excrescences when separated.

The most confluent of the cutaneous asperities existed upon the arms and right buttock, where circumscribed patches or plaques were present, but the linear arrangement was conspicuous upon the right arm, the left forearm, and most particularly the inner side of the left thigh, extending from the genitals to the knee in a narrow band-like form.

Parallel streaks were visible upon the upper arm, and the contiguous surfaces of the index and second fingers of the left hand were involved.

The papillary elevations, varying in size, were especially massed together on the arms, forming large groups of warty outgrowths, but their horn-like character was most marked on the right forearm, hands, and lower end of the band on the inner and posterior surface of the left thigh, where, either single or multiple, they projected from the surface to an extent exceeding half an inch in length.

As is common to almost all the recorded cases of this disease the eruptive elements occurred in the form of bands or streaks corresponding to the long axis of the limb affected, and also transversely across the axis of the body, either continuously or in an interrupted manner with normal skin intervening.

The parallel streaks or ribbon-like bands were well seen in the accompanying illustrations.

In addition patches or plaques were visible upon the trunk. The growths upon the body, although less marked and flatter than on the limbs, covered considerable areas, and had a somewhat circular or semicircular arrangement. There had been no bleeding or ulceration.

I was informed that at the time of birth red markings were seen on the left foot, and numerous "spots" also, corresponding with the positions in which the growths developed upon the body and limbs. The face, neck, and scalp were, and always had been, free.

The patient was admitted into hospital for the removal of several of the growths, and skin grafts were made on the sites of excision. She also underwent the necessary operation for correction of the talipes.

Attention should be drawn to a case of Ichthyosis hystrix, in many respects corresponding to mine, published by Dr. Philip G. Borrowman, of Crieff, in the June number of the *Scottish Medical and Surgical Journal*. It is illustrated by photographs which show the distribution of the disease very clearly. The two cases may well be studied together.

A FURTHER NOTE ON THE ÆTIOLOGY OF INFANTILE ECZEMA.

By ARTHUR J. HALL, M.A., M.D.Cantab., F.R.C.P.,
Physician, Sheffield Royal Hospital; Lecturer on Morbid Anatomy, University of Sheffield.

In the *British Journal of Dermatology* (May to August, 1905), I recorded somewhat fully the details of sixty consecutive cases of infantile eczema, examined with the object of ascertaining something definite as to the ætiology of this well-defined and easily recognised type of eczema.

The results thereby obtained seemed to make it desirable to continue this inquiry in order to see whether any of the results previously obtained would be confirmed or otherwise by extending the number of cases examined. The original series numbered sixty cases; since then forty more have passed through my hands, and the opportunity seems a suitable one for presenting briefly the statistics of these hundred cases of infantile eczema.

The chief points laid stress upon in the former article have, in every particular, been fully supported by the further cases under observation. Briefly, they are as follows:

N. B.—I have defined infantile eczema for the purpose of this inquiry as eczema beginning during the first year of *extra-uterine* life.

I. *Of the Primary Site of the Eruption.*

(1) The primary site of the eruption is almost always on some part of the scalp or face. It always becomes bilateral and is usually symmetrical.

(2) It is usually most severe in or about the region of the primary site.

(3) Other parts, the body and limbs, are frequently affected. This may occur earlier or later. It is usually much less severe in these parts, at any rate until later in the disease.

(4) Certain parts of the face and neck frequently, but not always, remain clear.

II. *Of the Age at which the Rash Appears.*

(1) It is most common about the third or fourth month of life.

(2) It may appear within the first week.

(3) About four fifths of the cases occur during the first four months of life.

III. *Of the Season in which the Rash First Appears.*

(1) It is much more prevalent during the colder months than the warmer. Only seven out of one hundred cases began during the summer quarter—June, July, August.

IV. *Of the Sex.*

(1) There is a preponderance of males affected over females (78 per cent. to 22 per cent.).

(2) This preponderance is greater than can be accounted for by the difference in birth ratio of the two sexes.

V. *Of other Children of the same Family Affected.*

(1) In most cases the brothers and sisters are not similarly affected, even in large families.

(2) Exceptionally, one or even two other children of the same parents are similarly affected.

VI. *Of the Age of the Mother.*

(1) There is no clear evidence that the mother's age when the child is born plays any part.

VII. *Of the Relation of Vaccination to the First Appearance of the Eruption.*

(1) There is no evidence of vaccination as an ætiological factor in the causation of infantile eczema.

(2) The number of cases in which the eruption follows vaccination is less than one third of the whole.

(3) The period at which it has followed vaccination is extremely variable, from forty-eight hours up to two, three, six, or even nine months.

(4) Occasionally the *coincidence* is very striking.

VIII. *Of the Relation of First Dentition to the First Appearance of the Eruption.*

(1) There is strong evidence that first dentition has no ætiological connection with infantile eczema.

(2) In over four fifths of the cases first dentition had not begun when the rash first appeared.

(3) The two events occasionally coincide.

IX. *Of the Relationship of Gastro-intestinal Disturbances to the First Appearance of the Eruption.*

(1) Vomiting does not occur in more than a small percentage of cases.

(2) Diarrhœa does not occur in more than a small percentage of cases.

(3) There is not often any complaint as to the child "taking badly" at the time of the eruption.

X. *Of the Nutrition of the Child.*

(1) There is no evidence of rickets in most of the cases.

(2) When present, it is usually after the eruption has lasted a long time.

(3) There is very rarely any wasting at the appearance of the eruption.

XI. *Of Skin-disease, Past or Present, in the Mother.*

(1) In three quarters of the cases there is no evidence of skin-disease, past or present, in the mother.

(2) In only 12 per cent. had the mother suffered from definite eczema.

Statistics of 100 Cases of Infantile Eczema.

(*a*) *Sex.*

Per 100 cases:

Males	78
Females	22
	100

Note.—From the figures kindly supplied me by the Medical Officer of Health (Dr. Scurfield), the relative percentage of male and female births in this district during the corresponding years is males 50·8, females 49·2.

(*b*) *Age of Mother at Birth of Child.*

In 100 cases:

Under 25 years of age . .	33
Over „ „ „ . .	62
Age not stated . .	5
	100

(*c*) *Position of Child in Family.*

In 100 cases:

Affected child first born . .	19
„ „ second born . .	21
„ „ third born . .	24
„ „ later born . .	33
Not stated . . .	3
	100

(*d*) *Evidence of Skin-disease in Parents.*

In 100 cases:

Mother has had definite "eczema"	12
,, ,, vague "skin-disease"	28
,, ,, no skin-disease	60
	100

In 100 cases:

Father has had definite eczema	3
,, ,, not had definite eczema	97
	100

N.B.—Mother personally examined in each case. Father not examined.

(*e*) *Evidence of Skin-disease, Past or Present, in other Children.*

Of 209 other children of these families:

Had definite eczema	10
Never had definite eczema	199
	209

(*f*) *Age of Child when the Rash First Appeared.*

In 100 cases:

Rash first appeared during first month	6	
,, ,, second ,,	15	80
,, ,, third ,,	30	
,, ,, fourth ,,	29	
,, ,, fifth ,,	7	19
,, ,, sixth month or later	12	
Date not given	1	1
	100	100

(*g*) *Site on which Eruption First Appeared.*

In 100 cases:

On cheeks, forehead, or temples	56	96
,, scalp or ears	40	
Elsewhere	4	
	100	

(*h*) *Season of Year when Rash First Appeared.*

In 100 cases:

Months.		Months.	
January	15	September	9
February	9	October	14
March	7	November	10
April	10	December	11
May	7		
June	1	Not stated	1
July	4		—
August	2		100

In 100 cases:

Quarters.	
December, January, February	35
March, April, May	24
June, July, August	7
September, October, November	33
Not stated	1
	100

(*i*) *Nature of Food at First Appearance of Eruption.*

In the total 100 cases (less one in which there is no statement) there are:

Breast-fed only	57	83
Breast-fed chiefly	26	
Bottle-fed entirely	16	
No statement	1	
	100	

(*j*) *The Relation to Vaccination.*

In 100 cases:

Vaccination preceded rash	32
,, did not precede rash	68
	100

(*Vide* note in previous paper.)

(*k*) *Relation of First Dentition to First Appearance of Rash.*

In 100 cases:

First dentition preceded rash . . .	12
„ „ had not begun when rash appeared . . .	83
Not stated . . .	5
	100

(*l*) *Gastro-intestinal Disturbances.*

In 100 cases:

Vomiting:

Present in	11
Absent in	81
No statement	8
	100

Diarrhœa:

Present in	13
Absent in	81
No statement	6
	100

Nutrition: Rickets:

Present (definitely or doubtfully) in .	30
Absent	58
No statement	12
	100

It is not necessary to repeat the conclusions given fully in my previous article, seeing that the points there laid stress upon have been in every respect confirmed by this further series of cases. I would merely emphasise the striking manner in which the head or face is the part first affected in 96 per cent. of the cases, whereas this is by no means a common primary site of eczema at any other period of life.

Such a uniformity of primary situation at least suggests a diminished local resistance to ordinary external irritants of daily life, or the presence of some local irritant at that point. There is no particular local irritant, whilst the fact that only 7 per cent. of the cases began during the summer quarter seems to support the view that exposure to cold winds may be the common external irritant.

But there is necessarily a good deal more to be ascertained before the eczema can be explained. That, however, is equally true of every case of eczema produced by any irritant. But if we can be satisfied that infantile eczema is precipitated by external irritants, it is at least likely to be of value both for its prevention and treatment.

ROYAL SOCIETY OF MEDICINE.

DERMATOLOGICAL SECTION.

A MEETING of this Section was held at 20, Hanover Square, on Thursday, December 19th, 1907, Dr. T. COLCOTT FOX, Vice-President, in the Chair.

The following cases and specimens were shown:

Mr. G. W. DAWSON showed *a case for diagnosis*. The patient was a young woman, aged 33 years, of healthy appearance, with a peculiar condition of the extremities. It began about six years ago on the palms of the hands and soles of the feet, where it remained limited for nearly two years. Since then it had extended up to the middle of the forearms and legs, being fairly well demarcated from the sound skin. It was of a brownish colour, and the numerous lines which intersected one another, as well as the roughness which was present, gave it the appearance of crocodile leather. There was, however, no appreciable thickening, no evidence of the follicles being involved, and no itching. Besides this condition she had patches of a psoriatic-looking eruption on the patellæ and elbows.

The eruption, which had never been moist and was of a remarkably uniform appearance, did not appear to correspond to any described condition.

Dr. COLCOTT FOX exhibited a robust-looking married woman, aged

25 years, with four disseminated *vegetating granulomata on the face* of three months' duration. She had one healthy child and was pregnant with a second; no miscarriages. Four lesions existed, said to have begun as "pimples," and were gradually enlarging. The patient said they evolved after a severe cold and sore throat. One lesion, the size of a split-pea, was seated on the bridge of the nose and was the first to form; a second, the size of a fourpenny-piece, occupied the naso-geneal furrow and adjoining surfaces; a third and fourth were rather smaller and seated respectively on the left upper lip and the left chin. These lesions were rounded, granuloma-like infiltrations, surmounted by marked vegetations, not florid and vascular but warty in aspect. There were no miliary abscesses from which pus could be squeezed out. Two other lesions grew on the left cheek and chin, but had disappeared, leaving scars.

Although the nature of the disease had not yet been thoroughly investigated, Dr. Fox thought the clinical aspects alone were of interest, and, moreover, the lesions were already markedly subsiding under the influence of the internal administration of mistura hydrargyri biniodidi.

As to the differential diagnosis, the exhibitor said no iodides had been taken prior to the evolution of the eruption. The eruption was immediately preceded by what the patient described as a bad cold and sore throat, but there was no history of any widespread eruption. Moreover, vegetating syphilides and tuberculosis of the face were usually of the florid framboesioid type, and not warty like the verrucose tuberculosis of the back of the hand. There was no chronic coccic inflammation as in sycosis to account for the vegetating lesions. Clinically the eruption was very similar to those described in blastomycosis.

Dr. Graham Little showed (1) a case of *favus of the scalp* in a woman, aged 40 years, who had had the disease since early childhood. She was an Englishwoman, a native of Essex, had never lived abroad, and the origin was doubtful. The scalp was almost entirely denuded of hair, old cicatricial atrophy having resulted from the favus; but there was active disease over a large part of the scalp, and absolutely typical scutula were present in this area. The fungus had been readily demonstrated in the hair. This patient had a

diseased nail of one finger, the enamel being destroyed and the nail giving the appearance of "*moelle de jonc*" which has been described by French authors as typical of favus. Doubtful fragments of mycelium had been seen in scrapings from the nail.

(2) A second case of *favus of the scalp* in a boy, aged 8 years, the nephew of the preceding case. This patient had had the disease since early infancy, but it had spread of late. There were no scutula at all, and the scalp showed circinate, red, pityriasic patches with very little hair in the affected part. Fungus had been seen in one hair after many fruitless examinations.

(3) A case of *Bazin's disease* (*Erythema induratum*) in a young woman. Nodose swellings had appeared about six weeks or two months previously. These were painless, deep blue, infiltrated and numerous on both legs and both feet. She gave the history of previous similar swellings which had left some permanent scarring. There was no tubercular history, and the patient herself, though anæmic, showed no sign of tuberculosis. Her opsonic index had been estimated on one occasion only, and was then ·96. The suddenness with which the swellings had appeared had at first suggested Erythema nodosum, but they were painless, and had now persisted beyond the time limits of Erythema nodosum. It might be considered too rapid in development for Erythema induratum, but with this exception the diagnosis of that disease would better fit in with the symptoms than any other affection.

Dr. J. M. H. MacLeod and Mr. Treacher Collins (introduced) showed two cases of advanced "*Keratosis follicularis associated with baldness*" in two brothers, aged respectively 13 and 10 years. The two cases and that of an elder brother similarly affected, whose photograph was shown, first came under the observation of Mr. Collins in 1902, at the School of the Metropolitan Asylums Board, at Swanley, as all the three boys were suffering from trachoma. The cases were sent up to Dr. MacLeod's clinic at Charing Cross Hospital, in August, 1907, when the following notes were taken:

(1) William B—, aged 19 years, suffering from *Keratosis follicularis associated with baldness,* and trachoma.

The patient was a fairly well-developed lad whose general health was good. He was the eldest of five brothers, two of the others

being affected with the same condition of the skin. All the regions of the body where hairs occurred, with a few exceptions, were covered with small, pin-head sized papules arranged in groups or diffusely distributed. The papules were follicular and surmounted by conical, horny plugs or spines about 2 mm. in length, and where they were most marked they gave to the skin the feeling of a nutmeg-grater. On picking out the horny plug a central depression was left. The papules were not situated on an inflammatory base, and except for slight scaliness in certain situations the skin between them seemed to be normal. The distribution of the papules tended to be symmetrical. They were most numerous on the extensor aspects of the arms, the back and sides of the neck, the buttocks, and on the beard and ciliary regions of the face. On the back and loins there were a few groups and several disseminated lesions. A few scattered lesions were also present on the abdomen, but there were none on the chest, though many of the hair-follicles were more visible and palpable than normally. Lesions were absent from the extensor aspects of the legs and part of the face, and in these situations the skin was rough like ichthyosis. A small group of lesions was present on the dorsum of the hands, but none occurred on the backs of the fingers. They were present, however, on the dorsal aspect of the toes. The eyelashes and eyebrows were absent but the hair of the scalp was unaffected.

The skin generally felt dry and harsh though the patient perspired freely in warm weather and after physical exertion. The hands were cyanosed and felt cold. There were no subjective symptoms such as itching associated with the lesions.

At birth the skin appeared to be normal, but when an infant in long clothes he was taken to Westminster Hospital for advice regarding his skin and eyebrows. His eruption is said to have begun on his face and eyebrows. He had measles when he was five months old and the eruption spread rapidly afterwards.

The patient has had trachoma since he was five years old, on account of which he had to be removed from school as he suffered acutely from photophobia.

The family history showed that the father's family suffered from pulmonary tuberculosis, the father himself not being affected, but the details of the family history were not obtained.

(2) Alfred B—, aged 13 years, with *Keratosis follicularis*. The patient presented a similar condition of the skin to William's, but the lesions were less abundant and more scattered. In this case the front of the chest was not exempt, but only the chin was affected on the face. The backs of the hands were more involved and spiny lesions were present on the backs of the fingers. The skin of the extensor aspect of the legs, the front of the knees, and the elbows was ichthyotic. In this case the scalp was markedly affected and was almost totally bald, only a few downy hairs being present on the sides of the head. The scalp was red in front and rough and scaly. The boy was born healthy and the affection was first noted when he was about two years of age. At the age of seven much of the hair had come out in patches at the back of the scalp, but was present then in front; the eyebrows and eyelashes had gone. The patient has suffered from trachoma since birth.

(3) Leonard B—, aged 10 years, with *Keratosis follicularis*. The patient was similarly affected to Alfred, but in a milder degree. His scalp was only partially bald, a few tufts of normal hair being left at the sides. The patient never had much hair on the scalp. The eyebrows and eyelashes were involved and absent. The patient was born healthy. It had begun during his first year, and at the age of two years the skin was rough and the hair had gone from the head. He also suffered from trachoma.

A histological examination was made of several well-marked, spiny lesions excised from the back of the neck in the case of Alfred B—, and sections were exhibited. These showed that the mouths of the follicles were dilated and filled with a horny plug, occupying the whole of the funnel of the follicle and extending about 1 mm. above the level of the skin. The stratum corneum in the neighbourhood of the follicle showed slight hyperkeratosis, the deeper layers of the epidermis not being noticeably affected. The deeper portion of the follicle was somewhat shrunken and in one or two of them the remains of an atrophied hair were detected. The sebaceous glands were absent. Sweat-glands were present and appeared to be healthy. Around the follicles there was a slight cellular infiltration of small rounded cells, but the connective-tissue bundles in the neighbourhood of the follicles were not rarefied and there was no definite evidence of inflammation.

The important features of all three cases were : (1) The plugging of the hair-follicles with horny spines over certain regions of the body, being most marked on the face, scalp (in two cases), back of the neck, extensor aspect of the arms and buttocks, but occurring also to a greater or less extent in all situations where hair-follicles existed, and leading to loss of the eyebrows and eyelashes in all the cases, and almost complete baldness in two of them.

(2) The association of the spiny follicles with general dry and harsh condition of the skin of the type of xerodermia or a mild degree of ichthyosis.

(3) The fact that the condition appeared first in two of the cases during the first year and in the other before the end of the second, all three being reported to have been born with healthy skins.

(4) The absence of definite evidences of inflammation having preceded the growth of the spiny papule, and also the apparent absence of atrophic changes.

The cases suggested an ichthyotic condition in which the mouths of the follicles were specially involved. In some respects they corresponded to cases which have been described by Brocq under the heading of "Keratosis pilaris" and by Unna as "Keratosis suprafollicularis," differing in the fact that the eyebrows, eyelashes, and scalp were so markedly involved. The absence of atrophy distinguished them from the cases described by Taenzer with the title of "Ulerythema ophryogenes."

Mr. Treacher Collins said that there was little for him to add to Dr. MacLeod's description. The cases came to him on account of the almost intractable condition of their conjunctivæ, and they had been under his observation four years. They were suffering from trachoma when they were first seen by him, and that was now almost cured, but the children still had recurrent attacks of conjunctivitis. He believed that their conjunctivæ were inoculated by means of the handkerchief from their nasal discharge, the absence of eyelashes making it easier for the conjunctivæ to be infected. The condition of the skin had not altered during the four years they had been under his observation.

Note.—A detailed description of the cases will be published in a future issue of the journal.

Dr. J. M. H. MacLeod showed a case of *Erythema induratum*

(*Bazin*) in a woman, aged 21 years, in which a positive ophthalmo-tuberculin reaction had been obtained. The patient was a somewhat delicate-looking young woman who worked as a milliner. She had a tuberculous family history, two of her aunts on her mother's side having tuberculosis of the lungs. Three years before she came under the exhibitor's observation lesions of Bazin's disease made their appearance on both legs. These were scraped, but new lesions developed later. At the time of exhibition she presented a number of lesions on both legs consisting of the typical ulcers, reddish-purple patches, deep-seated nodules, and the scars of former lesions. She had no other evidences of tuberculosis. On December 10th a drop of Calmette's tuberculin solution, freshly prepared from the powder, was dropped in the conjunctiva of the right eye near the inner canthus, the eyes having been examined beforehand and proved to be healthy. Six hours later the eye became inflamed, and when she was seen twenty-four hours afterwards an acute reaction had taken place, the lower conjunctiva and the caruncle being red and injected, and an exudation had collected in the inferior conjunctival sac. The eye was so extremely painful and there was such a degree of photophobia that a drop of adrenalin (1 in 1000) and cocaine, 2 per cent. solution, was prescribed every six hours to relieve the pain. This reaction in the eye was accompanied by a local reaction in the lesions in the leg, which became definitely painful and appeared to be more vivid in colour. The ophthalmic reaction persisted at its maximum for twenty-four hours longer and then gradually subsided. At the time of exhibition there were still evidences of it.

The CHAIRMAN remarked that some years ago he had had material from a case of Bazin's disease inoculated into a guinea-pig, and the animal had died of tuberculosis. He did not publish the case.

Dr. STOWERS exhibited for a second time the male patient, aged 48 years, who was the subject of an *infective granuloma of the right cheek of septic origin*, for the purpose of showing the effects of treatment. The tumour (a description of which has been recorded in the *Transactions*), had greatly diminished in size, and was still undergoing a process of resolution. It was decided to continue the mercurial application until the skin had resumed its normal condition.

CURRENT LITERATURE.

TO THE KNOWLEDGE OF URTICARIA PIGMENTOSA. C. Bohac. (*Archiv f. Derm. u. Syph.*, October, 1906, p. 49.)

The patient was a slater, aged 40 years, who came under observation at Professor Pick's clinique at Prague, in January, 1904, suffering from Urticaria pigmentosa. There was no history of a similar condition in his family. The disease was first noticed by the patient's wife when he was 27 years of age who thought the lesions were birth-marks and occurred on the back. They were painless, and were not accompanied by itching. They next appeared on the extended aspect of the upper extremities, neck, knee, foot, and in 1903 on the forehead. As they gave rise to no subjective symptoms the patient only discovered new ones when he looked for them. The lesions varied in colour from day to day, tending to be paler in cold weather and redder in warm weather or when pressed as by a hat on the forehead. Fresh lesions appeared as red spots about the size of a pin's head, and gradually increased in size. For two years the patient had noticed that when he got hot and perspired about the groins that his skin itched violently, and that if he scratched himself wheals developed, but these disappeared in a few minutes. At the time of examination the pigmented eruption was present on the forehead, the neck, the front of the trunk, and the back, the upper arm, the forearm, especially the flexor aspect, the thigh and the leg in the neighbourhood of the malleoli, and on the back of the feet.

The lesions were all of the same type, though they differed in size, colour, and grouping, and in the degree in which they were raised above the surrounding skin. They were sharply demarcated, tended to be oval in shape, and were brownish-yellow in colour. Factitious urticaria was noted on the chest and back.

For histological examination a piece of skin which included two oval brownish-yellow lesions which were definitely raised and infiltrated was excised from the back. This was fixed in alcohol and embedded in paraffin, and the sections stained for mast-cells. The stratum corneum over the lesions showed evidence of parakeratosis. The Malpighian layer was markedly œdematous, the interepithelial lymphatics being dilated, and with leucocytes present in the spaces. The cells of the basal layer and the layer immediately above it were deeply pigmented, the pigment being in the form of very small golden-yellow or brown granules situated in the cells, chiefly at the end farthest from the corium. In addition to the pigmentation a number of the cells of the basal layer showed a vacuolated degeneration. The amount of pigment in the epidermis corresponded to the degree of pathological change in the underlying corium, for where the infiltration in the cutis was densest there the pigmentation above it was most intense. The most marked change in the corium was the presence of the numerous mast-cells, either disseminated or collected together, forming a "mast-cell tumour." Besides the mast-cells, in the neighbourhood of the blood-vessels a number of fixed connective-tissue cells and fibroblasts were noted. Pigmented cells were also present, and deposits of pigment between the mast-cells. Near the blood-vessels a few mono-

nuclear leucocytes were observed. No morphological change was detected in the elastic tissue.

The chief peculiarity of the case was that it first appeared at the age of 27 years. J. M. H. M.

A CASE OF LYMPHANGIECTASIS WITH LYMPHORRHŒA. O. Müller. (*Archiv f. Derm. u. Syph.*, October 1906, p. 111.)

The case which forms the basis of this contribution was one of circumscribed lymphangiectasis of the scrotum and elephantiasis of the left leg. The patient was a young man, aged 20 years, who had suffered from the affection for three years. It had begun with severe pain on the inner aspect of the left thigh; this was followed after some time by redness and swelling of the part, and the appearance of a small red spot, from which clear fluid began to ooze out. The scrotum next became swollen and a number of vesicles formed on it, from which weeping occurred several times a day. Gradually the affected skin and scrotum became markedly thickened and infiltrated, and a large number of tumours, varying in size from a pin's head to a pea, developed on it. The largest of these had a glassy appearance, or suggested cooked sago grains. When these were punctured a clear fluid oozed out continuously for several hours. The general health of the patient remained unimpaired. A histological examination of a piece of tissue excised showed a marked lymph-stasis and dilatation of the lymphatic vessels of the corium and subcutaneous tissue. The small veins of the skin were also dilated and filled with blood. The writer did not arrive at any conclusion with regard to the cause of the affection, but suggested that it might possibly be due to some congenital anomaly of the lymph-vessels, but was more probably the result of an inflammatory process affecting the underlying tissue.
J. M. H. M.

ON THE RELATION OF THE SPIROCHÆTA PALLIDA TO CONGENITAL SYPHILIS. A. Buschke and W. Fischer. (*Archiv f. Derm. u. Syph.*, October, 1906, p. 63; three plates.)

The writers refer first in this paper to Shaudinn and Hoffman's description of the spirochæte. They note that in spite of the great mass of literature dealing with control experiments, in which the *Spirochæta pallida* has been sought for in other conditions than syphilis, the only instance in which a spirochæte similar to the *Spirochæta pallida* was detected was in Castellani's case of yaws. They do not regard the instances in which it has been described in carcinoma and other tissues as conclusive, and doubt if the spirochæte found in such cases was the *Spirochæta pallida*. They next describe various methods of staining the spirochæte in the tissues, with special reference to Levaditi's, by means of which they examined the tissues from five cases of congenital syphilis.

Case 1 died at ten weeks of age, the whole body being covered with a papular eruption. *Spirochæta pallida* was found in great quantity on the spleen and liver, and on the skin. In the latter situation spirochætes were present in great numbers in the papillæ about the capillaries. They also occurred between the cells of the sweat-glands and those of the sebaceous glands, and seemed to spread from place to place on the skin along the lymphatic spaces. In Case 2 the infant died at four weeks of age. The spirochætes were found in the liver and spleen in large numbers.

A few were found in the perivascular infiltration and connective tissue of the kidneys. Case 3 was born dead, and the liver, lung, kidney, and spleen were examined for spirochætes with positive results. In the liver and lung spirochætes were observed in certain large leucocytes. This was the first occasion in which the writers had noted the presence of the organisms within cells. Case 4 was a congenital syphilitic child which died when four weeks old. A few days before death a well-marked papular syphilide was noted and a general adenitis, and one of the papules was excised and spirochætes were found in it. They were chiefly located about the capillaries, hair-follicles, sweat-glands, and interfibrillary spaces. The organism was also found in the serum from a blister artificially produced by cantharides.

Case 5 had a syphilitic mother, who was suffering from active syphilis, but at the time of birth the infant showed no trace of the disease, and was well developed. When the child was a month old the blood was examined and found to contain spirochætes. A few weeks later the child died.

The writers conclude by referring to certain of their researches with regard to the situation in the tissues of the spirochætes in acquired syphilis. They found them in the lumen of the blood and lymph-vessels, and on the walls of the vessels. The syphilitic cellular infiltration also contained numerous spirochætes.

J. M. H. M.

A FURTHER CONTRIBUTION ON LINEAR ERUPTIONS. L. Fischel and A. Blaschko. (*Archiv f. Derm. u. Syph.*, November, 1906, p. 209.)

The writers describe a case of a linear eruption which occurred in a woman, aged 49 years. The skin-affection was preceded by a slight rise in temperature and marked itching of the skin of the left side of the thorax in the axillary line between the sixth and eighth ribs. Soon afterwards a red patch developed, which was followed by the appearance of a linear streak, about two fingers' breadth, and extending upwards and outwards from the umbilicus and round on to the back. A week later a streak appeared on the left buttock and extended down the posterior aspect of the thigh, across the popliteal space, and downwards and inwards over the calf. This was also ushered in by itching and burning. Four weeks after the streaks had appeared they underwent spontaneous involution. The elements of the eruption consisted of small nodules and vesicles on a red and slightly swollen surface, with here and there scaly lesions and lichenification. The leading features of the eruption were: (1) that it was sharply unilateral; (2) that before the appearance of the eruption there was slight fever and itching of the skin similar to that which may occur in Herpes zoster; (3) that the eruption rapidly and completely disappeared without treatment; and (4) that with its disappearance a certain degree of atrophy of the lower extremity occurred. On consideration of these characteristics the writers concluded that they had to do with an affection of the central nervous system, and that the condition of the skin was secondary. The part of the nervous system affected seemed to be the seventh to the tenth dorsal segments and the first three sacral segments (Head), and that the special part involved appeared to be the posterior roots.

J. M. H. M.

HISTOLOGICAL STUDY ON THE PRESENCE OF THE SPIROCHÆTA PALLIDA IN TISSUES.

K. Sakurane. (*Archiv f. Derm. u. Syph.*, November, 1906, p. 227.)

Under the direction of Professor Neisser the writer has examined by Levaditi's methods a variety of tissues from cases of congenital and acquired syphilis for the presence of *Spirochæta pallida*. As a control he also examined, by the same methods, tissues from non-syphilitic affections. Nine cases of hereditary syphilis were examined. In Case 1 (a congenital syphilitic infant which died at the age of one month) the spirochætes were found in the lungs, kidneys, supra-renals; in Case 2 (syphilitic infant, died when five weeks old) the spirochætes were found in the lungs, liver, and kidneys; in Case 3 (syphilitic infant, died when two hours old) they were found in the lungs and testicles; in Case 4 (syphilitic infant, died fourteen days after birth) they were noted in the lungs, liver, spleen, and bone-marrow; in Cases 5 and 6 (fœtus of four and a half months, and fœtus of six months) the search in the organs for the spirochæte gave negative results; in Case 7 (a six months' dead-born fœtus) spirochætes were found in the lung, liver, spleen, kidney, supra-renal, and umbilical cord; in Case 8 (a dead-born fœtus of six months) spirochætes were found in the lungs, liver, kidneys, and spleen; in Case 9 (a macerated fœtus of six months) spirochætes occurred in the lungs, liver, kidneys, and testicles.

With regard to acquired syphilis, the spirochætes were only found in the condylomata, and in nine cases positive results were obtained, all the cases being untreated previous to the examination. The spirochætes were present in the cellular infiltration in the neighbourhood of the blood-vessels. They also occurred in the lumen of the vessels; they were specially prevalent in the papillæ and between the cells of the epidermis immediately above the papillæ. Besides the *Spirochæta pallida* a few of the *Spirochæta refringens* were noted. The tissues examined for spirochætes as a control consisted of the lung of a child which had died of catarrhal pneumonia, a Pemphigus foliaceus, a Herpes zoster, a soft sore, a tumour of Mycosis fungoides, and a skin carcinoma, and all with negative results.

The spirochætes were chiefly situated in the tissues outside the cells and about the blood-vessels, and seemed to be carried along the blood-stream. Only occasionally were they detected within cells.

J. M. H. M.

MULTIPLE ENDOTHELIOMA OF THE SCALP.

P. Haslund. (*Archiv f. Derm. u. Syph.*, November, 1906, p. 247, and December, 1906, p. 323.)

Beyond the cases of this rare affection recorded by Mulerts, Spiegler, and others, so little is known regarding it that the writer considered a case which came under his observation at Copenhagen to be worthy of recording in detail.

The patient, a nervous woman, aged 48 years, was first seen by the writer in June, 1903, at the Kommune Hospital. The affection had begun a year before with the appearance of a nodule on the left parietal region, for which she could assign no cause. Six months later several similar lesions developed in the scalp. At the examination a rounded tumour about 3 cm. in diameter, with necrotic

ulcerating surface, was noted on the left temporal region. A similar lesion, about double the size, was present on the occiput. A number of smaller tumours, varying in size from a split-pea to 5 cm. in diameter, were also scattered over the scalp, and tended to coalesce to form an irregular partially ulcerated patch. All the lesions were of the same nature, and were situated in the deeper layers of the skin. They were somewhat hard in consistence and incompressible. The surface of the smaller lesions was quite smooth, while that of the larger ones was tuberculated, and the hair was absent from it. In colour it was reddish, with bluish vessels over it, or of a deep black colour from necrosis. On puncturing the lesions no fluid was obtained. The lesions were painful on pressure. The patient was admitted to the Friedrich's Hospital. A lesion on the nape of the neck was treated by X-rays, which resulted in a distinct flattening of the tumour, and various other forms of treatment were adopted. The tumours, however, began to break down in spite of treatment, the pain in them increased, and the patient died in hospital in February of the following year. During life two small pieces of lesions were excised for histological purposes, and showed the following characteristics: The tumour-mass was situated in the corium and subcutis; the epidermis over it was atrophied, and showed no tendency to proliferate at the sides. The tumour-mass had an alveolar structure, being made up of groups of cells separated by bundles of connective tissue of varying thickness. The cells were large, oval, or polygonal in shape, and rich in protoplasm, with correspondingly large vesicular nuclei occasionally presenting mitotic figures. Some of the cells had the appearance of endothelial cells. The lymphatic spaces were much dilated and filled with tumour cells. In a few places there was a definite proliferation of the endothelium of the lymph-capillaries. The blood-vessels, on the other hand, appeared to be normal. Everything pointed to the tumour being a lymph capillary-endothelioma. The paper is illustrated by a photograph of the patient and a series of drawings showing the histological characteristics.

J. M. H. M.

ON LICHEN ALBUS, A PREVIOUSLY UNDESCRIBED AFFECTION.

R. von Zumbusch. (*Archiv f. Derm. u. Syph.*, December, 1906, p. 339.)

In December, 1905, a woman, aged 51 years, came to Professor Riehl's clinic at Vienna with a peculiar dry, scaly affection of the skin situated chiefly on the flexor aspect of the forearms, the neck, shoulder, and back. The primary lesion seemed to be a round or polygonal, slightly raised papule, about the size of a pin's head. It was rose or lilac coloured and the surface was shiny, not being covered with scales or crusts. Larger lesions, up to the size of a sixpence, were also present. These were rounded in shape and tended to coalesce to form polycyclical patches. These patches were all well demarcated, the border being of a violet tinge like the primary efflorescence, while the centre was smooth, shiny, and white, like porcelain. The lesions lasted a few weeks. Where certain lesions had involuted a distinct atrophy was observed and slight pigmentation; others disappeared without any trace. The only subjective symptom was intermittent itching. The eruption did not react to treatment, such as arsenic internally, except in that the itching associated with it diminished. A piece of tissue from the left forearm was excised for histological purposes, and the following characteristics

were detected: The epidermis showed no marked changes. There was slight œdema, but no definite proliferation. The corium, on the other hand, was markedly altered. The connective tissue of the papillary and sub-papillary layers had a homogeneous appearance, and the fibrous bundles could only be detected with difficulty. The change was limited to the efflorescence, and accounted for its whitish tint. There was a round-celled, inflammatory infiltration at the outskirts of the pathological area, while in the centre of it no infiltration of cells was noted. The elastic tissue had disappeared to a great extent from the diseased patch, but was in normal amount around it. The writer discusses in considerable detail the diagnosis of the case from psoriasis, Lupus erythematosus and Lichen planus, and concludes that though clinically it suggests an atypical form of Lichen planus, still the histological appearances did not correspond to those of that disease or any other known skin-disease, and on this account he has given it the name of "Lichen albus."

J. M. H. M.

ON THE TREATMENT OF CANCER OF THE SKIN BY THE X-RAYS. H. Kanitz. (*Archiv f. Derm. u. Syph.*, December, 1906, p. 350.)

The employment of the X-rays is indicated in the treatment of the following types of cases of carcinoma cutis: (1) Superficial forms of epithelioma of the skin, which are relatively benign; (2) superficial epitheliomata which involve a large area; (3) extensive cases where part is superficial and part deep, the superficial areas being healed by the X-rays and the deeper portions subsequently excised; (4) inoperable cases, to relieve pain and heal ulceration; (5) cases in which a relapse has occurred and the patient is too old and enfeebled to withstand further operating; (6) after operation to prevent or delay recurrences.

According to the writer, X-ray treatment is contra-indicated in carcinoma of the mucous membrane of the mouth as it is only palliative in that situation, and should not be employed except in inoperable cases. The paper is illustrated by a series of photographs of patients before and after treatment. J. M. H. M.

ON NÆVUS ANÆMICUS. H. Vörner. (*Archiv f. Derm. u. Syph.*, December, 1906, p. 391.)

The name "Nævus anæmicus" has been given by the writer to a circumscribed, congenital, cutaneous anomaly, the lesions of which are white macules surrounded by normal skin. In this contribution he has described four cases of this nature. The white macules varied in size from a linseed to a penny, and had an irregular border. When the affected skin was rubbed they remained white, while the surrounding skin assumed a deep red tint. A microscopical examination showed a complete or partial absence of blood-vessels and of pigment in the lesion.

J. M. H. M.

FOLLICULITIS (SYCOSIS) SCLEROTISANS. Fr. Sämberger. (*Archiv f. Derm. u. Syph.*, March, 1907, p. 163.)

The case which formed the basis of this paper occurred in Professor Janowsky's clinique at Prague. The patient was an old man, aged 73 years, who had

suffered for upwards of twenty years from a localised, tumour-like affection of the upper lip, which began as small follicular pustules. The lesion involved the whole of the lip with the exception of a small strip on the border and a small area at the left angle of the mouth. It consisted of an irregular tumour-mass, of a fibrous consistence, which was broken up by deep furrows to form a number of nodules. The surface was smooth, shiny, and of a red colour. There was no weeping or papillomatous growth. A few hairs were dotted over it and here and there were grouped in tufts. A histological examination was made of a piece of tissue excised from the tumour. This revealed a thinning of the epidermis and flattening of the papillary layer. In the corium were evidences of an inflammatory process involving the upper layers, chiefly localised around the hair-follicles. This resulted in a process of fibromatosis from which originated the tumour-mass. The condition belonged to the same category in its clinical and histological features as the *akne-keloid* of Bazin, which has been variously named Nacken-keloid (Unna, Pellizari), Folliculitis nuchæ sclerotisans (Ehrmann), and Dermatitis papillaris capillitii (Kaposi). According to the writer these are all variants of the same affection which is a "simple perifollicular or pustular inflammation of the skin, on the basis of which, in course of time, a growth occurs which is not unlike a keloid." This affection is by no means confined to the nape of the neck, but, as in this case, may occur in other parts of the skin, such as the upper lip. This keloidal formation the writer believed to be the result of an inoculation of pus micro-organisms in a predisposed individual.

J. M. H. M.

ON LUPUS ERYTHEMATODES OF THE RED PORTION OF THE LIPS AND BUCCAL MUCOSA. Otto Kren. (*Archiv f. Derm. u. Syph.*, February, 1907, p. 13.)

The fact that Lupus erythematosus may affect the buccal mucous membrane has been recognised for years and the characteristics of the lesions are too well known from the writings of Trautmann, Fordyce, Dubreuilh, Roberts, and others to require a detailed description here. When affected with Lupus erythematosus the lips usually become swollen and assume a purplish-red colour; later they may become dry and scaly or eroded and may present an appearance as if they had been painted over with salicylic collodion. In the mucous membrane of the mouth the affected surface becomes a vivid red colour with a slightly raised centre, and here and there presenting telangiectases. Gradually the centre becomes depressed and assumes a bluish-grey tinge, or may present a whitish scar surrounded by an erythematous halo. The patches vary in size and shape, some being circular and small, others irregular in outline, while occasionally pinkish stripes appear. In this paper Kren describes four cases. In the first the patient was an artisan, aged 34 years, and the disease affected the under-lip and chin. Case 2 was that of a student, in whom the red part of the under-lip and the neighbouring mucosa was involved. In Case 3 the patient was a woman, aged 48 years, and the red parts of both lips were attacked. Case 4 was a woman, aged 48 years, and the buccal mucosa was markedly affected. After describing these cases in detail the writer gives a series of short abstracts from the various descriptions of the affection in the literature. He next describes the histology of pieces of tissue excised from Cases 1 and 4, which howed the epithelial proliferation, and the œdema, canali-

sation of the tissue, and dense infiltration of cells in the upper layers of the corium. The paper is illustrated by a plate showing lesions in the mouth and red part of the lip, and the histological structure. J. M. H. M.

ON A NEW NODULAR ERUPTION: LICHEN NITIDUS. F. Pinkus. (*Archiv f. Derm. u. Syph.*, May, 1907, p. 11.)

The first case of this peculiar affection, to which the author has given the name of Lichen nitidus, was observed by him in 1897 while he was assistant at the University Clinic at Breslau. Since then eight other cases have come under his observation. The eruption occurred in men, and was usually confined to the penis, and involved more or less of the skin of the glands and shaft. Occasionally other parts were affected, such as the abdomen, chest and arms. It consisted of small shiny papules or nodules with a rounded surface, and in many of them there was a depression in the centre. In consistence they felt like small granulomata, and were hard owing to a thickening of the stratum corneum. They were about the size of a pin's head or slightly larger, and though they were very numerous and close together they never became confluent, and presented a tendency to be arranged in rows. On histological examination a granuloma was found in the corium consisting of round cells with epithelioid cells and giant cells in the centre. The overlying epidermis showed a central thickening, the centre of which had undergone parakeratosis. Immediately underneath the thickened epidermis was a microscopic abscess. On the under side of the epidermis both the basal layer and the pigment were absent. No micro-organisms were detected in the tissues. Subjective symptoms were absent. The affection had a close resemblance to Lichen planus, but differed from that affection in its histological structure and in the absence of polymorphism in its clinical appearance. J. M. H. M.

SPIROCHÆTES IN CONDYLOMA ACUMINATUM. Max Juliusberg. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 318.)

The writer examined a number of Condylomata acuminata for spirochætes in Professor Neisser's laboratory, employing Levaditi's method, and succeeded in demonstrating a spirochæte in condylomata obtained from a non-syphilitic patient. The spirochæte was short, thick, and presented four to eight turns. It was easily distinguishable from the *S. pallida*, but might have been the *S. refringens*. The spirochætes were situated chiefly in the upper layer of the epidermis in the secretion on the surface and in the dilated blood-vessels of the corium. Various other tissues, such as warts, nævi and other skin-lesions were examined in the same fashion, but with negative results. J. M. H. M.

TEN CASES OF MYCOSIS FUNGOIDES, WITH REMARKS ON THE HISTOLOGY AND RÖNTGEN THERAPY OF THE DISEASE. K. Herxheimer and H. Hübner. (*Archiv f. Derm. u. Syph.*, April, 1907; *Neisser's Festschrift*, p. 241.)

In spite of the large number of cases which have now been recorded there is still much uncertainty with regard to the ætiology and true nature of this disease,

and the various writers on the subject are at variance as to whether it should be placed among the infective granulomata, should belong to the group of the sarcomata as Kaposi believed, should be regarded as a manifestation of the "Diathese lymphadenique" of the French school, or should be definitely considered to be a disease *sui generis*. In this contribution ten cases of Mycosis fungoides are described, nine of which occurred in the practice of Dr. Herxheimer, at Frankfort. These cases are described chiefly from the points of view of their histo-pathology and treatment by the X-rays. Biopsies were performed in several of the cases both before and after irradiation. A *résumé* of the histological characteristics is appended. In all the pieces of tissue examined an infiltration of cells was found in the deeper layer of the corium, consisting of small mononuclear "mycosis cells," which the authors believed to be distinguishable from lymphocytes and regarded as characteristic of the disease. Plasma-cells and mast-cells were also present in the infiltration, but were sparsely distributed. In advanced stages of the disease the infiltration spread till it occupied nearly the whole of the corium. The blood-vessels in the diseased area were in a state of endarteritis, the connective-tissue fibres had undergone hyaline degeneration, and the sweat-glands were enclosed in a dense cellular mass, and their epithelium was partially destroyed. After a moderate irradiation with the X-rays other changes were noted, such as inflammation, œdema of the epidermis, an infiltration of the corium with polynuclear leucocytes, and a partial disappearance of the "mycosis cells" and the hyaline-degenerated collagen. After a more prolonged irradiation the epidermis and corium presented regenerative changes, and a large number of newly-formed blood-vessels were noted. The cellular infiltration had largely disappeared, the hyaline-degenerated collagen could no longer be seen, and the sweat-glands seemed to have recovered their normal structure. In other words, there was a complete disappearance of the pathologically-altered elements.

Exposure to the X-rays for fifteen minutes at a distance of 20–25 cm. with a hard tube were employed. By this means not only did the tumours rapidly disperse under the influence of the rays, but the itching, which is so distressing a symptom, especially of the early stage of Mycosis fungoides, also disappeared. J. M. H. M.

ON LUPUS ERYTHEMATODES IN CHILDHOOD. Galewsky.

(*Archiv f. Derm. u. Syph.*, April, 1907; *Neisser's Festschrift*, p. 193.)

The author of this contribution has under his care at the polyclinic for children at Dresden a case of Lupus erythematosus in a girl, aged 11½ years, which began when she was about five years old. The parents of the child were healthy and she had four sisters alive. There was no history of tuberculosis in the family. When the child was aged two years she suffered from eczema of the face and back. When she was five years old the eczema became more marked, and red spots developed on her nose and ears. These lesions were slightly raised, and gradually assumed the typical characters of Lupus erythematosus, some of them disappearing and being succeeded by white atrophic scars. In looking over the literature the author found seventeen cases which had begun between the ages of two and ten years, and twenty-four between ten and sixteen years.

Of the seventeen cases above mentioned ten occurred in girls, and out of the twenty-four cases fifteen were girls. In only a few of these cases was there any personal or family history of tuberculosis, while in the majority of cases all evidence of tuberculosis was absent. J. M. H. M.

THE HISTOLOGICAL CHANGES IN LUPUS VULGARIS UNDER FINSEN-LIGHT TREATMENT. H. Jansen and E. Delbanco. (*Archiv f. Derm. u. Syph.*, March, 1907, p. 323.)

From a study of the histological changes produced in Lupus vulgaris when exposed to Finsen light the writers of this paper have arrived at the following conclusions. According to their observations the first changes which occur in the tissue from the action of the light are dilatation of the blood-vessels and œdema. Then follow cellular necrosis and the formation of a scab, and subsequently a localised inflammatory process with migration of leucocytes. These are followed by a gradual process of regeneration and repair. The dilated blood-vessels in the superficial layer of the corium are distended with blood, and some are thrombosed. The endothelial cells of the walls of the vessels have desquamated or have undergone fatty degeneration. Later, when the process of healing sets in a marked proliferation of the endothelium occurs. The muscle-fibres are involved in the œdematous process and present a vacuolated appearance. The plasma-cells and giant-cells of the tubercular infiltration are also œdematous and show vacuoles, and the overlying epithelial cells present the changes graphically described by Unna as "spongy metamorphosis." The intercellular spaces are also widened so that the whole tissue presents this spongy appearance. The collagenous bundles are swollen and the individual fibres are here and there separated by œdema. A few days after the exposure to the rays the nuclei of the epidermal cells do not stain well and some of the cells are killed. The destruction also involves the cells of the hair-follicle and the sweat-duct which have come under the direct action of the rays. A cell destruction has also taken place in the upper portion of the lupus infiltration. The cellular necrosis sets up an inflammatory process, whereby a migration of leucocytes takes place, and this in turn leads to the process of regeneration. The effect of the treatment is thus to cause a destruction of the pathological elements, and a gradual process of repair which replaces the tubercular infiltration with healthy tissue. The light also destroys the bacilli in the superficial layers by its direct action, while those lying more deeply are indirectly killed by the inflammatory reaction. The paper is illustrated by a series of drawings of sections of lupus at various intervals after exposure to the light, and a bibliography of the literature on the subject is appended. J. M. H. M.

MULTIPLE TELANGIECTASES OF THE SKIN AND MUCOUS MEMBRANES OF THE NOSE AND MOUTH. A. Brown Kelly, M.D. (*Glasgow Medical Journal*, vol. lxv, January to June, 1906.)

The writer, in describing two cases of this rare affection which had come under his observation, mentions that he has found recorded previously only eight

cases of the disease. The first case, a married women, aged 41 years, was seen in May, 1898, on account of epistaxis. Her father had similar spots to those from which the patient suffered, on his face. He was subject to attacks of epistaxis and vomiting, and died, aged sixty-two, in consequence of frequent bleedings from the nose. He had four brothers and one sister, all of whom were free from the disease. The patient's mother did not suffer from the affection. The patient had four brothers and three sisters; all of them were unaffected with the exception of one sister, the second case described by Dr. Kelly.

The patient had three children: a boy died of diphtheria; a daughter, twenty-three years of age, has recently developed telangiectasis and has long had slight attacks of epistaxis; a son, aged twenty, has not suffered from epistaxis nor telangiectasis. The patient has suffered from epistaxis from girlhood. At the age of twelve the attacks were severe; they became less severe when menstruation was established at the age of eighteen, and continued to improve after her marriage at twenty-four until her husband's death five years later. Afterwards the epistaxis became more frequent, and red spots appeared on the face. During the last ten years of her life the spots gradually increased in number and size, while the epistaxis on a few occasions reduced her to extreme prostration.

In 1898 the spots on the face were like pin pricks, situated a little distance beneath the surface of the skin. They were largest and most closely grouped over the cheek bones and lobes of the ear. They were also seen on the palmar surfaces of the finger tips. The mucous membrane of the nasal fossæ were found to present a great number of telangiectases as bright dots, short lines, or spider-like formations. On an average they were about 4 mm. apart, and not more than 2 mm. in length. Some projected markedly beyond the surface, so that a slight cause injured the delicate covering and led to epistaxis. In the mouth there were three or four similar small spots about the middle of the tongue.

In 1900 the telangiectases on the cheeks had greatly increased in number and were seen on neighbouring parts. In 1905 the scattered red spots had been replaced on the cheeks by tortuous dilated vessels, surrounded by discrete telangiectases. The tortuous vessels and larger spots were purplish and considerably elevated. The auricles, finger-tips, and palms were similarly affected, and two spots were noticed on the right breast. On the nasal mucous membrane the vessels were larger and more prominent, and the telangiectases were more numerous. She died suddenly in the summer of 1905 (July) from syncope, induced by very severe and persistent epistaxis.

The second case is the younger sister of the patient already mentioned. She began to suffer from troublesome bleeding from the lips and tongue at the age of seventeen. Red spots first appeared on the skin close to the lower lip in her twenty-seventh year, and on the cheeks and fingers when about thirty-five. A few have developed on the scalp, and in all these situations the spots are increasing in number and size. The condition of the patient was not affected either by the commencement of menstruation or subsequently. While pregnant she had very severe bleedings. Bleedings from the tongue and lips, less often from the nose, and only in consequence of injury to the skin, frequently occurred. Severe hæmorrhages are followed by eruption which the patient describes as like nettle-rash. This rash passes from one region to another, and is never entirely absent if epistaxis has taken place at short intervals. There seems to be no definite

hæmophilia, but wounds heal slowly; bruising is readily caused and lasts long, and swelling of the lower eyelids is occasionally present in the morning after a severe hæmorrhage, but passes off during the day. The small telangiectases cause no discomfort, except those beneath the finger-nails, which are occasionally painful. The larger ones vary in size from time to time; when she is "full-blooded," as she says, they are more prominent, and are flatter and paler after a hæmorrhage. There are spots on her tongue and her hard palate, and telangiectases occur also on the anterior ends of the inferior turbinate bones.

References.—William Osler.—"On a Family Form of Recurring Epistaxis Associated with Multiple Telangiectasis of the Skin and Mucous Membranes," *Johns Hopkins Hosp. Bull.*, November, 1901, p. 333. Rendu.—"Épistaxis répétées chez un sujet porteur de petits angiomes cutanés et muqueux," *Gaz. des Hôpitaux*, 1896, No. 135, p. 1322. C. O. Hawthorne.—"Recurring Epistaxis with Multiple Telangiectases of the Skin," *Lancet*, 1906, vol. i, p. 90. Wickham Legg.—"A Case of Hæmophilia Complicated with Multiple Nævi," *Lancet*, 1876, vol. ii, p. 856. O. Chiari.—*Erfahrungen auf dem Gebiete der Hals- und Nasenkrankheiten*, S. 60, *et seq.*, Wien, 1887.

In the *Quarterly Journal of Medicine*, vol. i, October, 1907, Professor Osler gives an account of this condition under the title, "On Multiple Hereditary Telangiectasis with Recurring Hæmorrhages," reproducing the plates published by Dr. Kelly in the *Glasgow Medical Journal*, and in addition a plate showing the condition of the face in a patient coming under his own observation. This patient was seen by Dr. Osler in consultation in New York, and an account of his case is given in the *Journal of the American Medical Association*, October 6th, 1906. The patient apparently belonged to a "bleeder" family. His grandfather and one sister had the spots and bled in the same way. His son, a young man of twenty, had occasional epistaxis, but no spots. The patient himself had numerous telangiectases of the skin of the face, ears, and lips. He had frequently suffered severely from hæmorrhage, chiefly from the nose, but also from spots. A year later this patient had improved much in health, he had gained weight and strength, and felt better than he had done for years. During this period of convalescence he had taken calcium lactate, 20 grs. three times a day, and some prominent spots on the face had been touched with the electric needle.

Dr. Osler gives an account of the families already recorded; there seem to be at the present time at least eight families on record showing this remarkable condition. In addition to the references already given, Dr. Osler refers to Parkes Weber's case, shown at the first meeting of the Association of Physicians in May (*Lancet*, 1907, vol. ii), to Dr. William Bligh's case (*Lancet*, 1907, vol. ii), and we understand that at least one other case has been recently observed in London.

J. G.

REVIEWS.

Light and X-Ray Treatment of Skin-Diseases.*

This is a volume in Cassell's "Modern Methods of Treatment" series, giving the experience of Mr. Morris and Dr. Dore in the treatment of skin-diseases by light and X-rays. The subject matter of the book is arranged in a number of chapters dealing, first with the principles of the practical application of rays of light by the method originated by Finsen, of the X-rays, of radium and high-frequency currents. The latter part of the book deals with the clinical results of treatment in various diseases, especially Lupus vulgaris, rodent ulcer, and ringworm, observed in the authors' practice. A noteworthy feature of the book is the clear and unmistakable description, both of methods of treatment and the results obtained. It is true that the beginner may find some difficulty in following the explanations given of the apparatus, a natural result of the comparatively small space at the authors' disposal. This, however, cannot be regarded wholly as a disadvantage. The unhappy and only too frequent accidents and examples of damage done by the inexperienced and too enthusiastic experimenter with these forms of treatment are becoming well known to those who have to see the results.

The characteristic note of the book is that of caution and full consideration of all cases subjected to treatment by these methods. To some a feeling of disappointment will be conveyed on account of the guarded way in which the authors express the conclusions which they have formed as the result of their large experience; but the volume is to be welcomed as giving a sane and well-considered statement of the numerous disadvantages, as well as the obvious gain to treatment, especially by means of "Finsen" light and the X-rays. It must be felt by those having considerable experience in dermatology that one of the results of the few years' trial of these newer methods of treatment will be a revival of older methods improved in their application by the knowledge of such facts as the need for continuity in treatment acquired by the methods of irradiation. To all those who entertain the idea of applying treatment by means of light and X-rays, and even to those with some experience, the pages of the introduction, and the conclusions of the various chapters on the different varieties of treatment, are to be commended for perusal. The result can hardly fail to be a diminution in the number of unfortunate experiences and disfiguring results and an increase in the number of successful cases.

J. G.

Lehrbuch der Haut-und Geschlectskrankheiten.†

Professor Finger has written an excellent text-book on diseases of the skin, to be followed during the course of this year by a second volume on venereal

* *Light and X-Ray Treatment of Skin-Diseases.* By Malcolm Morris, F.R.C.S.Ed., and S. Ernest Dore, M.D., M.R.C.P. With 12 plates. Pp. 172. Cassell & Co., Ltd.

† *Lehrbuch der Haut-und Geschlectskrankheiten.* First part. By Professor Ernest Finger. Leipzig and Vienna: Franz Deuticke, 1907. Pp. 396. Price 10 marks.

diseases. This first volume comprises a detailed description of the various forms of skin-diseases, especial attention being paid to therapeutics and treatment. Pathological anatomy is not perhaps dealt with as fully as in some other text-books, and there are only five coloured plates showing the histological appearances of a few common skin-affections. The book is, however, essentially practical, and can be recommended most strongly both to the student and practitioner. The various methods of treatment are fully discussed and the most appropriate remedies described under the heading of each disease. Occasionally methods of treatment other than the application of medicaments are merely mentioned; thus, under the treatment of ringworm it is stated that definite and rapid results are often obtained by Röntgen rays, but no description is given of the necessary technique. As showing the rarity of the microsporon variety of ringworm in Vienna, Finger says it only occurs in small epidemics, of which he has seen one in a Vienna orphanage. The large spored variety is more common, but still comparatively rare as contrasted with other countries. His statement that tinea due to the microsporon occurs only in children under fifteen years of age, and undergoes spontaneous cure about this time needs, perhaps, some qualification when judged by the experience of dermatologists in London.

The author's views on the subject of Pityriasis rubra pilaris are of interest. He states that it was, and is, attempted to differentiate this disease from Lichen ruber acuminatus and regard it as a disease *sui generis*. Differentiating factors were held to exist in that in Lichen ruber acuminatus the infiltration is primary, hyperkeratosis secondary, while in Pityriasis rubra pilaris the disease begins with hyperkeratosis of the hair-follicles and the infiltration phenomena are secondary. Stress was laid on the point that Lichen ruber acuminatus when general is a fatal disease, while a favourable prognosis can be given in Pityriasis rubra pilaris. But, says Finger, neither clinical nor histological examination proves the absolute validity of these differences, and it appears to him to-day more than probable that the two names have been applied to the same disease. Consequently, he himself gives a description of Pityriasis rubra pilaris under the heading of Lichen ruber. As treatment for Lichen ruber he relies on arsenic as a specific, increasing the dose gradually to the highest which can be well tolerated, continuing this large dose until the lesions entirely disappear, and then gradually lowering it.

In conclusion, the work forms an admirable text-book, which will be read with interest by all and will be of the greatest assistance to the practitioner.

J. L. B.

Transactions of the German Dermatological Society. Ninth Congress.*

The second volume of the report of this most interesting Congress has now appeared, and contains an account of numerous cases brought before the Congress and a summary of a few discussions. We regret, however, to find that only one London dermatologist was a member of the Congress, but the fact of

* *Verhandlungen der Deutschen Dermatologischen Gesellschaft.* Ninth Congress, held at Berne, September 12th–14th, 1906. Second Volume. Berlin: Julius Springer, 1907. Pp. 546.

the Congress being held so far away as Berne is no doubt accountable for this. Among many other instructive cases was one of Jadassohn's of a case of pseudo-leukæmic (?) disease of the skin. The patient was a woman, aged 29 years, with numerous lesions on both cheeks varying in size from the infinitesimal to almost that of a cherry. The consistence of the lesions made the diagnosis of Lupus tumidus possible, and this was only disproved by the results of tuberculin injections and histological examinations. The benignant "sarcoids" or "lupoids" of Boeck were also out of court, and the histological picture spoke, in the first place, for lymphoma. But of simple lymphomata we know nothing, and the question arises whether a leukæmia or pseudo-leukæmia can show itself only by an affection of the skin. This case was at any rate cured by arsenic, and now, at the age of thirty-three, is in an excellent state of health. Numerous other cases were shown by Jadassohn, Lewandowsky, Cohn, Heuss, Fabry and others. An interesting demonstration of various forms of spirochæte was given by Róna from the point of view of the difference between Schaudinn's spirochæte and those occurring in, or causing, necrotic processes. Such differences he was able to demonstrate in sections as plainly as in the usual cover-slip preparations, where the differences are well shown. He mentioned that forms of spirochæte are known in necrotic processes, such as noma, stomatitis, Ulcus gangrænosum, Balanitis ulcerosa, Vincent's angina, pulmonary and nosocomial gangrene, and that in many of these affections the spirochæte appears to be morphologically identical. Some of the discussions were very interesting, and the report, as a whole, forms most attractive reading, on which Professor Jadassohn is to be heartily congratulated.

J. L. B.

Archiv für Dermatologie und Syphilis.

The eighty-fourth and eighty-fifth volumes of the *Archiv f. Derm. u. Syph.*, issued in April and May, 1907, are dedicated to Professor Neisser, of Breslau, to celebrate his twenty-fifth year as Professor and Director of the Dermatological Clinic at Breslau. These volumes, of upwards of 400 pages each, consist of contributions by a large number of Neisser's pupils, among whom are such well-known writers on dermatology as Herxheimer, Jacobi, Juliusberg, von Marschalkó, Philippson, Walther Pick, Pinkus, von Winiwarter, and others. Abstracts of the various papers will be published in the journal. With our German colleagues we heartily join in our appreciation of the great work Professor Neisser has done and the influence he has exerted in the advancement of dermatology during the last quarter of a century, and in hoping that for many years he may be spared to preside over the justly renowned Breslau School.

J. M. H. M.

Fellows' Hypophosphites

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

Knows that, to obtain immediate results in the treatment of

Anæmia, Neurasthenia, Pulmonary Tuberculosis, and wasting diseases of childhood, and also during convalescence from exhausting diseases,

THERE IS NO REMEDY LIKE FELLOWS' SYRUP.

Many medical journals and text-books specifically mention it as being of sterling worth.

TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk. It can be obtained of chemists and pharmacists everywhere.

Sulphaqua

For the production of NASCENT SULPHUR in the ordinary BATH in the treatment of ECZEMA, PSORIASIS, SCABIES, GOUT, RHEUMATISM, etc. Assists as a disinfectant during the peeling after SCARLET FEVER, and in allaying the irritation, and will be found most useful in all cases where SULPHUR BATHS are required.

Bath Charges in boxes of 1 dozen; Toilet Charges in boxes of 2 dozen.

Physicians are requested to write for Samples and Literature.

To be obtained of all Wholesale Houses, or direct from the Proprietors and Sole Manufacturers—
THE SELTZOGENE PATENT CHARGES CO. ST. HELENS, LANCASHIRE.

SCHINZNACH LES BAINS

SWITZERLAND (Railway Station).

STRONGEST HOT SULPHUR SPRINGS.

Baths in the Hotel. Pulverization. Douches.

Excellent arrangements and latest improvements for the treatment of

Gout and Gouty Diseases, Eczema, Acne disseminata and rosacea (redness of the complexion), Psoriasis, Urticaria, Furunculosis, Rheumatism, Sciatica, Lumbago.

Beautiful walks and drives. Excellent Trout Fishing. Tennis. Fine scenery. Lifts. Electric Light.

English Protestant and Roman Catholic Service.

Season: May 15th to September 15th

FOR ENGLISH PROSPECTUS APPLY TO PROPRIETORS—
AMSLER, RILLIET & CO.

NOW READY.

A SPECIALLY ILLUSTRATED EDITION,

WITH

72 ADDITIONAL FULL-PAGE PLATES, from PHOTOGRAPHS.

THIRD EDITION; 76 Plates (2 Coloured) and 112 Illustrations.
Two Vols., Large 8vo, **30s.** net.

Diseases of the Skin:

THEIR DESCRIPTION, PATHOLOGY, DIAGNOSIS, AND TREATMENT,

With Special reference to the Skin Eruptions of Children, and an Analysis of 15,000 cases of Skin Disease.

By H. Radcliffe-Crocker,
M.D.Lond., F.R.C.P.,

Physician for Diseases of the Skin, University College Hospital, London.

"It is always a pleasure to read a work written by one who is a master of his subject, and the perusal of this edition of this work would convince any member of the medical profession that it was indeed the production of an authority on dermatology. We extend a cordial welcome to the third edition."—*The Lancet.*

"The author's grasp of his subject, and his clear and vigorous exposition, are fully apparent in the present edition. The practical character of the book, both to the student and practitioner, and its value as a work of reference are fully maintained."—*British Medical Journal.*

London: H. K. LEWIS, 136, Gower Street, W.C.

With **40** Plates (Eight being in Colours) comprising 100 Figures. Demy 8vo, **15s.** net.

PRACTICAL HANDBOOK OF

The Pathology of the Skin.

An Introduction to the HISTOLOGY, PATHOLOGY, and BACTERIOLOGY OF THE SKIN, with SPECIAL REFERENCE TO TECHNIQUE.

By J. M. H. Macleod,
M.A., M.D., M.R.C.P.,

Assistant Physician for Diseases of the Skin, Charing Cross Hospital; Physician to the Skin Department, Victoria Hospital for Children;
Lecturer on Skin Diseases, London School of Tropical Medicine.

"We know no other work in any language written on the same lines. We congratulate Dr. Macleod on his book, for it is a credit to British Dermatology."—*The Lancet.*

"Dealing as it does with methods of research, and the results of these methods, it sets out in an admirably clear way the morbid changes which the different layers of the skin undergo, giving as examples the various diseases in which these changes are to be met with. They are made intelligible, even to those who are not already acquainted with this branch of pathology, by means of a very large number of beautiful illustrations, upon which both the author—who is his own artist—and the publisher are to be highly congratulated."—*Practitioner.*

London: H. K. LEWIS, 136, Gower Street, W.C.

EMOL-KELEET. Regd. Trade Mark.

A Natural Emollient

DUSTING POWDER,

Authoritatively recommended for Skin Treatment.

EMOL-KELEET, the most perfect Dusting Powder ever discovered, absorbent, emollient, and just sufficiently astringent, soft almost to impalpability, effectually replaces all other drying and dusting powders. It speedily dries and soothes in cases of moist, inflamed, or irritated surfaces, and is also a perfect powder for toilet and nursery use. In the eruptions of Scarlet Fever and Measles it at once allays irritation, and is extremely efficacious in Eczema and Acne.

EMOL-KELEET is a purified, natural product, somewhat allied to superior varieties of Fuller's Earth. It contains a considerable percentage of Steatite, Silica, Alumina, and traces of Calcium Salts and Ferrous Oxide. In the treatment of skin diseases Emol-Keleet is now recognised as of the highest value. It is absolutely harmless, and acts as a natural soap, softening hard water.

A Sample Box sent to Medical Men Free on application.

FASSETT & JOHNSON, 31 & 32, SNOW HILL, LONDON, E.C.

PRICE'S GLYCERIN

ABSOLUTELY FREE FROM ARSENIC AND ALL OTHER IMPURITIES. IS ODOURLESS AND PLEASANT TO THE PALATE

THIOL

(RIEDEL).

An artificially prepared substance consisting of Sulphonised Hydrocarbons.

ANTISEPTIC AND MILDLY ASTRINGENT IN ACTION.
AGREEABLE IN ODOUR AND TASTE.

THIOL LIQUIDUM.

Thiol Liquidum is more convenient for general use in salves and ointments. It contains 40 per cent. of **Thiol Siccum** and is miscible to any extent with Vaselin, Minerolin, Lanolin, and other ointment bases.

Thiol has proved exceedingly useful in Skin Diseases and in Gynæcological practice.

The following formulæ are suggested :—

℞ **Thiol Liquid.** ... 3iv.
Glycerin ... ... 3ij.

To be used with a camel-hair pencil.

℞ **Thiol Liquid.** ... 3j.
Vaselin ... ... 3iij.
Lanolin ... ... 3vj.

To be used as an ointment.

THIOL SICCUM.

℞ **Thiol Sicc. Pulv.** 3j.
Collodii ... ... 3xix.

To be applied with a camel-hair pencil.

℞ **Thiol Liquid.** ... 3j.
Pulv. Althææ ... *q. s.*
ut ft. pil. XL.

Sig. Two three times a day.

THIOL LIQUIDUM in ERYSIPELAS.

A medical man writes: "I have found it a specific for Erysipelas. It cuts attacks short within twenty-four hours. One patient never likes to be without it, as she finds when the liquid is painted on it arrests the attack at once."

PASTA THIOL ET ZINCI (Woolley)

Contains 10 % Thiol and 20 % Zinc Oxide.

The *Practitioner* says: "This appears to be an especially good preparation, and has been found to act well in cases of *pruritus of the female genitals*, etc."

THIOL SOAP ("Boval" Brand). 6d. per Tablet.

A Pamphlet, detailing the practical uses of Thiol, together with a history of cases treated with it, will be forwarded free on application.

DEPÔT FOR THE UNITED KINGDOM:

JAMES WOOLLEY, SONS & CO., LTD., MANCHESTER.

Entered at the New York Post Office as Second Class Matter.